

EHP - Covered Entities

Program: _____

Name/Phone: _____

Health Plan?

Q1. A B C D No

Q2. Yes No

Q3. A B C No

Health Care Provider?

Q4. Yes No

Health Care Clearing House?

Q5. Yes No

Business Associate?

Q6. A B C No

Good Business Practice

Yes No

EHP - Covered Entities

Program: _____

Name/Phone: _____

Health Plan?

Q1. A B C D No

Q2. Yes No

Q3. A B C No

Health Care Provider?

Q4. Yes No

Health Care Clearing House?

Q5. Yes No

Business Associate?

Q6. A B C No

Good Business Practice

Yes No